

MAIL TO:
Office of the Attorney General
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

TELEPHONE: (916) 323-5079

WEBSITE ADDRESS:
<http://ag.ca.gov/charities/>

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES

2001 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation may result in fines or filing penalties as defined in Government Code Section 12586.1.

An annual financial report must be filed for each event for each charity solicited for during the previous calendar year.



Name and Address of Commercial Fund-raiser:

258 2002

PUBLIC INTEREST COMMUNICATIONS, INC.
7700 LEESBURG PIKE, SUITE# 301N
FALLS CHURCH, VA 22043

Name and Address of Charitable Organization or Charitable Purposes:

CT No. 060353 ✓ FEIN No. 23-7337229

American Health Assistance Foundation
22512 Gateway Center Drive
Clarksburg, MD 20871

TELEMARKETING

(Kind of Activity)

held (on) (from)

November 1, 2001 to October 31, 2002
(Date or Dates must be shown)

1. REVENUE

- A. Cash Contributions
- B. Entertainment sales or admission charges
- C. Sales from products
- D. Advertisement sales
- E. Membership fees
- F. Other sources: (Specify)

a. _____
b. _____
c. _____
d. _____

_____ A.
_____ B.
_____ C.
_____ D.
_____ E.
_____ Fa.
_____ Fb.
_____ Fc.
_____ Fd.

G. TOTAL REVENUE

2. EXPENSES

- A. Fees or commissions
- B. Salaries
- C. Payroll taxes
- D. Employee benefits
- E. Cost of merchandise for resale
- F. Cost of entertainment
- G. Postage
- H. Advertising
- I. Telephone
- J. Rental of equipment
- K. Facilities charge
- L. Permits
- M. Other expenses: (Specify)

a. _____
b. _____
c. _____
d. _____

_____ A.
_____ B.
_____ C.
_____ D.
_____ E.
_____ F.
_____ G.
_____ H.
_____ I.
_____ J.
_____ K.
_____ L.
_____ Ma.
_____ Mb.
_____ Mc.
_____ Md.

N. TOTAL EXPENSES

3. ~~Other income~~ net to charitable organization or charitable purposes

4. (a) Is any officer, director, partner or owner of the Commercial Fund-raiser in any way affiliated with or control, directly or indirectly, the charitable organization for which Commercial Fund-raiser has contracted to solicit?

[] Yes [X] No If "yes", complete the following:

Name of officer, director, partner or owner of Commercial Fund-raiser	Name and Address of Charitable Organization	Relationship of officer, etc. To Charitable Organization

(b) For each affiliation identified under 4(a), attach copy of contract between commercial fund-raiser and charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge, it is true and complete.

Signature of authorized officer (Commercial Fund-raiser) _____ Printed Name DAVID E. ANDELMAN, PRESIDENT Title 11-12-02 Date

This report _____

Signature _____

Signature of authorized officer/director (Charity) _____

Charitable organization for verifying the distribution.
David F. Marks Controller 11/26/02
Printed Name Title Date
Ernest R. Kuykendall Treasurer 11/26/02
Printed Name Title Date

AMERICAN
REGISTERED

JAN 1 6 2003

RECEIVED

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